

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

| | | | | | |
|---|--------------------|---|--|---|---|
| NAME OF FILER Working Families for Vargas Senate 2010, sponsored by nurses, school & university employees, healthcare workers, & AFSCME International | | | Date of This Filing 06/02/2010 Report No. 060210-1 <input type="checkbox"/> Amendment to Report No. _____ (explain below) No. of Pages 2 | Date Stamp Page 1 of 2 | CALIFORNIA FORM 496 For Official Use Only |
| AREA CODE/PHONE NUMBER (916)285-5733 | | I.D. NUMBER (if applicable) 1327281 | | | |
| STREET ADDRESS | | | | | |
| CITY Sacramento | STATE CA | ZIP CODE 95814 | | | |

1. List Only One Candidate or Ballot Measure

| | | | | | | |
|--|---------------------|---------------|--|---------------------|----------------|---------------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED Juan Vargas | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED | | | |
| OFFICE SOUGHT OR HELD/DISTRICT NO. State Senator District 40 | SUPPORT X | OPPOSE | BALLOT NO./LETTER | JURISDICTION | SUPPORT | OPPOSE |

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|------------|-------------------------------------|-------------|
| 06/01/2010 | Design, Printing & Lists for Mailer | \$15,806.07 |
| 06/01/2010 | Postage for Mailer | \$7,747.87 |
| | | |
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Reason for Amendment:

Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

CALIFORNIA
FORM 496

NAME OF FILER

Working Families for Vargas Senate 2010, sponsored by nurses, school & university employees, healthcare workers, & AFSCME International

I.D. NUMBER (If applicable)
1327281

3. Contributions of \$100 or More Received*

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE** | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES |
|---------------|---|---|---|-----------------|---|
| 5/28/2010 | California Senior Advocates PAC Sacramento, CA 95814 ID: 1327236 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$100,000.00 | If loan, enter interest rate, if any _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____% |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____% |

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 496 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772